



# CITY OF LONG BEACH

## CITYWIDE VOLUNTEER APPLICATION



Thank you for your interest in becoming a volunteer for the City of Long Beach. There is a job for everyone and we're sure you'll find challenge and satisfaction in the job you choose.

Volunteering is such a rewarding experience and it gives you a chance to meet new people, explore new interests and make a significant contribution to your community! Volunteers work in virtually every area of the City. Opportunities range from a few hours occasionally to ongoing jobs which require specific skills and responsibilities.

Please fill out the information listed below and return the application at your earliest convenience. Be sure all the information is completed as this will assist us in matching your talents and interests with a volunteer assignment you will enjoy, at a time which is convenient for you.

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### RETURN THIS PORTION OF THE APPLICATION

*(Please print or type)*

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Hm: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Soc. Sec.#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's Lic.#: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Languages (if other than English): \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

Do you require any special accommodations?  YES  NO If yes, please explain: \_\_\_\_\_

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Who to contact in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please list all days and times you are available to volunteer: \_\_\_\_\_

Please check all areas of interest:

- |                                                    |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Airport Tours             | <input type="checkbox"/> Animal Control              |
| <input type="checkbox"/> Community Development     | <input type="checkbox"/> Library Services            |
| <input type="checkbox"/> Elections/City Clerk      | <input type="checkbox"/> Park, Recreation and Marine |
| <input type="checkbox"/> Energy Department         | <input type="checkbox"/> Police Reserves             |
| <input type="checkbox"/> Fire Department           | <input type="checkbox"/> Police Volunteers           |
| <input type="checkbox"/> Harbor Department         | <input type="checkbox"/> Technology Services         |
| <input type="checkbox"/> Health and Human Services | <input type="checkbox"/> Water Department            |

Please list any skills or talents which you would be willing to share with others: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Parent's or Guardian's Signature: \_\_\_\_\_

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#### \*\*For office use only\*\*

Has the Applicant above been fingerprinted?  YES  NO If yes, fingerprint date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature: \_\_\_\_\_ Site: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_



**CITY OF LONG BEACH  
RELEASE AND WAIVER OF ALL LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in \_\_\_\_\_ and related activities ("Event"), I, for myself, my successors, heirs, assigns, executors, administrators, spouse, and next of kin:'

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses, which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Assume any and all risks of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my participation in this event or activity;
4. Covenant not to sue, or present any claim for personal injury, property damage, or wrongful death against \_\_\_\_\_ ("Permittee/Sponsor"), the City of Long Beach, its officers, employees and agents for damages attributable to my participation in the event or activity;
5. Release, waive, discharge and relinquish \_\_\_\_\_ ("Permittee/Sponsor"), the City of Long Beach, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the City of Long Beach or Permittee/Sponsor and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;
8. Acknowledge that the City of Long Beach and Permittee/Sponsor are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above-named event or activity.

❖ THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS, AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Long Beach Public Library Standards for Volunteering

## **Mission Statement:**

The Long Beach Public Library is committed to meeting the information needs of our culturally diverse and dynamic population.

- We provide quality library service through a staff that is responsive, expert, and takes pride in service.
- We offer a wide selection of resources and materials representing all points of view.
- We support lifelong learning, intellectual curiosity, and free and equal access to information.

## **The Library expects to:**

- Provide a safe working environment.
- Provide supervision and training necessary for assigned tasks.
- Treat volunteers as valuable contributors to the success of the library.
- Provide 15 minute breaks for every four hours of work.

## **Volunteers are expected to:**

- Keep as their number one priority, to provide outstanding, helpful and friendly service.
- Arrive to work on time and ready to work.
- Give ample notice and call immediately if unable to work at their assigned time.
- Dress appropriately. Denim is allowed if clean, free of rips, and is not baggy or too tight.
- Report to their supervisor or librarian in-charge upon arrival for work.
- Keep track of their hours by signing in and out each day.
- Wear their volunteer badge at all times. No exceptions.
- Be courteous to patrons and staff at all times.
- Immediately notify their supervisor or librarian in-charge of any problem situations or customer complaints.
- Use the telephones only for business calls.
- Use personal cell phones only for emergencies.
- Use the library's public computers only for assisting patrons.

The Library reserves the right to dismiss any volunteer for poor performance, excessive absenteeism or misconduct.

## **THANK YOU FOR YOUR INTEREST IN VOLUNTEERING.**

\_\_\_\_\_  
Volunteer Name *(Please print)*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent's Name *(Please print)*  
*(For volunteers under 18 years of age)*

\_\_\_\_\_  
Parent's Signature  
*(For volunteers under 18 years of age)*

\_\_\_\_\_  
Supervisor's Name *(Please print)*

\_\_\_\_\_  
Supervisor's Signature